

**SOUTH DAKOTA
COUNSELING**

TREATMENT CONTRACT AND POLICIES

I, _____ agree to comply with the following:

1. Abstain from the use of any and all non-prescription drugs and alcohol. I will take my medication as prescribed.
2. Inform the CD Counselor of any prescription medication being taken while attending treatment.
3. Comply with all rules and regulations of the facility and as established by your counselor.
 - a. Display of physically errant behavior will result in termination from the program.
 - b. Display of verbally errant behavior will be cause for a warning to stop the behavior.
 - c. After receiving a warning, continued errant behavior will result in being removed from group.
 - d. Prior to re-admittance to the group, it will be required to explain to the group and Counselor how the errant behavior displayed could effect their own and others goals/progress in treatment. Refusal to do so will result in termination from the program.
4. Keep all treatment information Confidential.
5. Attend and actively participate at all sessions.
 - a. Absence of more than 5% of the overall group/individual sessions may result in termination.
 - b. Absence from group without prior approval or notice is considered to be unexcused.
 - c. Tardiness and sleeping in group will not be tolerated. Your Counselor will address any tardiness or sleeping in group on an individual basis.
 - d. Treatment Completion Certificates will be handed out on the last day of treatment. If you have an unexcused absence on this day you will not complete treatment.
 - e. All absences from group will need to be made up prior to successful discharge.
 - f. Clients unsuccessfully discharged from group will be referred to an appropriate level of care and given recommendations to assist them in furthering their chances for recovery.
6. Urinalysis Drug Testing will be completed on a random basis.
 - a. Failing/refusing a drug test while in treatment will result in termination, with the exception of drugs still in the body from intake.

If a client chooses to self-terminate from treatment, or is terminated by the CD department, they can be rescheduled at the next available opening.

Non-Compliance with these policies could result in probation, disciplinary action, or termination. By signing this document, the client understands and agrees to the contract.

Client Signature

Date

Counselor Signature

Date

••••• **CONFIDENTIAL** •••••

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulation. A general authorization for the release of medical information is not sufficient for this purpose.